	O.C.		100/100
OR	obbyists. This reporting form in secutive Lobbying Expenditure we, 3 rd Floor, Baton Rouge, LA	only to be used by p Reporting Designati	rincipals or employers who have
<u>Fax to:</u> (225) 763-8787 or (225) 763-8	780		598
2. BUSINESS ADDRESS 2338 Street and No.	Pinchill Com.		FOR OFFICE USE CIVLY Postmark Date: 1/3-1
MAILING ADDRESS	SAME	Starte :	
B. CONTACT PERSON: Beery	<u>J.</u> First	Lynn,	3071029
4. MAILING ADDRESS Street and No.	Same	Saare	Zip
5. PHONE NUMBER 337-582-	30	5,012 to 20	93° 93
5. List the names and executive lobbyist re		rists on whose behalf	this report is filed:
1) Name: Bezzo	<u>J.</u>	Lynn	EXECID.# 528
Last L	First	MI	
2) Name:	First	MI	EXEC.ID.#
3) Name:	-1 1444	5000	EXEC.ID#
Last Last	First	MI	16

4) Name		100 000 000 000 000		EXEC.ID.#
ic Arthur-circ	Lase	Piret	MI	
5) Name:	27202			EXECID.#
	Last	First	М	
6) Name:	0			EXEC.JD.
	Last	First	М	
7) Name				EXEC.ID.#
	Lax	First	MI	
8) Name:_				EXEC.ID.#
	Last	First	МП	
9) Name:_	112	4.01		EXEC.ID.#
	Last	Pirst	Mi	
10) Names_				EXEC.ID.#
	Lage	First	MI	
all expendit the principa	ures during the July 1 - D al/employer in a calendar	total of all expenditures during the Jamuary 1 -) ecomber 31 reporting period when applicable; year. spenditures made January 1 through June 30;	(c) the :	reporting period: (b) the aggregate tot aggregate total of all expenditures mad
127	de expenditures from Sched			∠n =
		spenditures made July 1 through December 31: andhures from Schedules A and 8)	\$	
c. Total of all executive lobbying expenditures made during calendar year. (Line "a" added to Line "b" should equal Line "c")			\$	- 0 -

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Employer/Principal of Representative

Print or Type Full Name

